## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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7590

02/11/2004

FROST BROWN TODD, LLC 2200 PNC Center 201 East Fifth Street Cincinnati, OH 45202-4182

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

SHERRALL G. JONES	(Depositor's name)
Merrell & Jones	(Signature)
MARCH 24:, 2004 //	(Date)

ATTORNEY DOCKET NO. FIRST NAMED INVENTOR CONFIRMATION NO. APPLICATION NO. FILING DATE 09/780,438 02/09/2001 Xiaoyang Qi 7718

TITLE OF INVENTION: FUSOGENIC PROPERTIES OF SAPOSIN C AND RELATED PROTEINS AND POLYPEPTIDES FOR APPLICATION TO TRANSMEMBRANE DRUG DELIVERY SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	05/11/2004
EXA	MINER	ART UNIT	CLASS-SUBCLASS		
SNEDDEN	, SHERIDAN	1653	424-450000	•	
1. Change of corresponden CFR 1.363).	ce address or indication of "F	ee Address" (37	2. For printing on the patent front page,	list (1) the	BROWN TODD LLC

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Children's Hospital Research Foundation

Cincinnati, Ohio

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
🔀 Issue Fee	A check in the amount of the fee(s) is enclosed.				
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☐ Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. Alexandria, Virginia 22313-1450. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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